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ABSTRACT

The roles of school psychologists and special educators are examined, and an educational process model is offered to determine shared goals and unique services. The school psychologist's affiliation with the field of psychology is stressed. (CL)

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An Interaction Model for Special Education and School Psychology[1]

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[1]Paper presented at the 54th Annual International Convention of The Council for Exceptional Children, Chicago, April, 1976.

This symposium is concerned with determining appropriate relationships between school psychologists and special educators. The nature of these relationships may be understood best by utilizing a model which broadly identifies the services school psychologists and special educators provide to teachers, children and their families. I first will address certain broad issues which I think are pertinent to the model's development. I then would like to respond to a few points addressed by the other members of the panel. An open discussion then will follow.

In presenting these ideas, I am assuming that personnel from both school psychology and special education share similar goals, provide dissimilar services and perform different roles, and that the services and roles of each group are consistent with and reflect differences between the disciplines of psychology and education, in ones graduate training, and in state certification and licensure regulations.

Common Goals, Uncommon Roles

Both groups work in a common professional environment which has three major goals. The first and perhaps foremost goal is to advance children's academic development. The second goal is to facilitate their emotional and social development. The third goal, to put forthrightly, is to contain children--to retain holding power over children so that they will attend school regularly nine months of each year from age six to their late teens.

With these three goals in mind, let us consider four components of an educational process (Cromwell, Blashfield, & Strauss, 1975) which may help us distinguish areas in which special educators and school psychologists should work closely together and those in which they can work apart.

The first component is concerned with acquiring information of a historical nature to assist us in understanding a child. Emphasis is placed on the child's history, particularly his medical, social, psychological, and educational history. Information on birth or other health anomalies, prosthetic devices prescribed, the types and quality of play experiences, the nature of a child's formal and informal learning experiences prior to school, the number of schools he attended and the length of time at each, and other information of a historical nature help us to identify and understand important antecedent events. This component on historical information is labeled A.

The second component seeks information which describes the child's current characteristics (in relationship to his environment). Medical, social, psychological and educational characteristics also are important here, with educational and psychological characteristics probably being emphasized. Knowing a child's present characteristics together with those of his home, neighborhood, and school helps us to understand (and at times explain) the child's behaviors and, thus, enables us to develop intervention programs from a basis of knowledge. This second component on current information is labeled B.

The third component focuses on interventions and can include curricula, instructional arrangements, teaching strategies, grouping practices and social relationships, other components of the educational process over which the schools have control. Based upon information from components A and B, or B alone, what needs to be done, if anything? This third component is labeled C.

The fourth component attempts to determine the successfulness of certain interventions. Given a particular history of behaviors (A), together with a set of current behaviors (B), and employing certain intervention strategies (C), what is likely to occur? That question is addressed through this fourth component (D) which requires us to anticipate the likelihood of subsequent behaviors.

The most complete model includes (A) historical-developmental data, (B) knowledge of current performance, (C) specifying interventions which produce (D) a particular prognosis. However, we are not obligated to always use all four components. The completeness of our model depends on the nature and severity of the problem, and financial, time and manpower constraints.

Let's begin to add a little flesh to this model (See Table 1). Let's assume that information of a historical-developmental (A) nature is needed. Let us also assume that perhaps current information (B) also is needed in order to plan and initiate certain interventions (C) for which we will make certain prognoses (D). Let's also assume that we are dealing with a child who has academic problems. Take a few minutes to indicate who, in your opinion, should be the primary person doing the activities within each of the four components addressed on the left side of the table. Label the primary persons responsible for that activity with P. You may also want to consider whether the other professional person not selected as the primary professional will have secondary responsibilities. If so, label that person S. For example, will the special educator or the school psychologist be the principal professional to acquire the historical-developmental information on our child referred because of academic problems? If it is the special educator, then label him with a P. If both would be involved, with the

special educator secondary to the school psychologist, label the special educator S and the school psychologist P. If you feel that both play primary roles label both of them with a P. Do the same for the three lower categories. After that, complete the cells for social-emotional and containment.

TABLE 1

	3 Basic Goals of Education		
	academic	social-emotional	containment
(A) historical-developmental			
special educator			
school psychologist			
(B) current information			
special educator			
school psychologist			
(C) intervention			
special educator			
school psychologist			
(D) prognosis-evaluation			
special educator			
school psychologist			

Before opening the forum to a general discussion, I would like to make a few points regarding my perceptions of school psychology. School psychologists will maintain a viable role within education to the extent they convey useful and different resources. This will require that they maintain very strong relationships within the field of psychology together with their relationships with education. Their uniquenesses lie not in their affiliation in education but with psychology.

Any school psychologist whose behavior is reliable probably is not valid. The school psychologist who does the same job in the same way year after year probably is no longer in touch with either the fields of education or psychology. To serve a changing institution within a changing society requires that we adhere to what still is relevant

and alter those practices in light of changes in psychology and education.

Where is Psychology?

The discipline of psychology is broad, with about thirty separate divisions and fifteen journals representing the diverse interests of psychologists. The divisions of measurement and evaluation, clinical psychology, school psychology, educational psychology, and counseling psychology are only five which potentially have an important influence on psycho-educational practices. Activities of members of developmental psychology, military psychology, rehabilitation psychology, personality and social, experimental psychology, behavioral analysis, community-state affairs, humanistic psychology, mental retardation and others also can impact importantly upon schools.

Where is Psychology Going?

Today's major health problems (heart disease, stroke, cancer, accidents, suicide, homicide) are essentially in areas in which medicine has reached its limit to cure. Individual responsibility, accountability, and personal life styles are likely to be the ways in which the incidence of ill health will be decreased. A disease model is rapidly giving way to a social science model for the prevention of severe human distress (Blau, 1975).

The importance of individual responsibility, accountability, and personal life styles on health issues stands side by side with their importance in maintaining and developing our culture and society. Psychology and education have much to offer in this direction.

Early childhood intervention, behavioral analysis, modeling, infant stimulation, behavior management, programmed instruction, individual

learning environments, and parental effectiveness training are but some areas in which interest is very high. Forensic psychology, moral development, biofeedback applications, and conflict resolution are other areas in which much interest is emerging.

Ways in which these emerging areas will be applied to the educational setting cannot be forecast now. While school psychologists do not have an exclusive right to those applications, as members of the profession of psychology it is reasonable to expect them to draw most heavily upon this body of knowledge. At the same time professionals associated with other disciplines likewise should draw upon the best they, too, have to offer.

A central issue before us seems to be how the two can work together more effectively and compatibly, pursuing common goals by providing different services. School boards, parents, and the general public are not particularly interested in the wording on our professional credentials. They are seeking--and demanding--better psycho-educational services. Problems facing education require committed, well trained persons from diverse fields. To establish strict territorial rights by any one group may provide a sense of security for the moment but ultimately forecasts the group's demise.

Let's try to determine, then, how the two groups can perform different roles toward similar goals.

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